field between Hawaiians and non-Hawaiians. Incidentally, with respect to hypertension on page 364, where it was reported that "...38% of the known hypertensives were not taking...medications...", we were curious as to whether they were not complying with what had been prescribed, or whether they had never previously been prescribed anything for it, ie, did not know they were hypertensive. The distinction is important, because ethnicity may be a factor in compliance.

It was quite revealing to note that in Naleen Andrade MD et al's article on the difference between the approach to medical care by Hawaiians and non-Hawaiians, that there is no predilection by Hawaiians to seek non-traditional sources of care. We are critical, however, on three counts: 1) The role of their parents in affecting the choices by teenagers was not examined, 2) the fact that Native Hawaiians of the older generation often revert to traditional use of Hawaiian lore in addition to consulting western practitioners, therefore, inculcating the influence of both onto their offspring, was not assessed; and , 3) non-Hawaiians are too diverse in their ethnicity to be lumped together as a contrasting cohort.

It was indeed striking to note that in Nanette Judd's analysis of Native Hawaiian Traditional Healing, Papa Auwae "was instructed never to accept money for his services." Coincidentally, George Lundberg, Editor of *JAMA*, in a recent issue, deplored the loss of the traditional habit of charitable services by physicians. Lundberg needs to be reminded that many physicians are still charitable toward their patients, but that they resent mandated charity by Medicare, Medicaid, and insurance carriers to whom medical doctors do not feel the least bit charitable!

Nanette also reports that "before the chant was recited publicly, each word was examined for any harmful inner meaning. It was believed that the spoken word could bestow blessings, or perhaps a curse." This is a caveat for the modern western physician as well.

Another ancient caveat indicated by Nanette Judd is applicable to the nowadays: "The *Kahuna* code of ethics was to do only what one was trained to do. Therefore, referring a patient to another better trained, or more specially trained *Kahuna* was common practice."

Doug Massey MD et al report their study of the Hawaiian plant *mamane* as an example of the kind of research already going on. It shows promise of great value and, as he says, should be furthered.

The research by Patrick Aiu MD, a peripatetic voyager on the *Hokulea*, on medical care aboard the replica of the ancient Hawaiian seafarers' vessel that traversed thousands of miles of open Pacific ocean, reveals a bit of new and startling facts of great interest to those of us who inhabit this vast body of water. With reference to what he reveals about the incidence of flu-like illnesses during the first 3 weeks of voyaging, we pose the question: What about a short period of prophylaxis with antibiotics, say for 5 days before embarkation and for the first 5 days of the voyage?

Steve Moser MD's article on the Hawaiian Diet at Maui Memorial Hospital, a 3-week experiment early last year, opens the door to the perennial complaint of hospitalized patients: "...but, the food was terrible!" As a part of the armamentarium to promote a return to good health, why not, indeed, prescribe a

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Medical School Hotline

The Role of Geriatrics in Medical Education at the University of Hawaii

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Geriatric medicine is a critical-shortage specialty. Several nationwide studies emphasize the current and projected shortage of primary care physicians who are trained in geriatrics and consulting geriatricians to fill both academic and clinical service roles. The role the Geriatric Medicine Program (GMP) in the medical school is to respond to these needs and to provide educational resources and training in normal human aging, prevention of age-related diseases and disabilities, and in the medical care of older people. There are multiple roles, including: Helping every medical student and resident better understand the care of older people; training geriatricians who will provide care largely or exclusively to older people; advancing knowledge in aging; and providing service to our community.

It has been estimated that older people make up a third or more of the practice of family physicians and more than one-half that of internists. With the aging of the population, the practices of many specialists are increasingly filled with older people. This phenomenon has been recognized by the accrediting bodies of medical schools and residency programs; many now require a geriatrics curriculum for accreditation. Requests for training come from numerous departments, including internal medicine, family practice, psychiatry, ob-gyn, and surgery. The Institute of Medicine of the National Academy of Sciences recently issued a report recommending the equivalence of six months of training in geriatrics by 1996 and nine months by 1999 in the 36-month residency training program for internal medicine. While this recommendation is astonishing and few programs in the country have sufficient faculty in geriatrics to implement these changes, it is very likely that the spirit behind these recommendations will work itself into accreditation requirements in some form in the near future. In short, geriatric education is a *growth industry*.

Geriatrics is concerned with the overall well-being of older people in much the same way as pediatrics is concerned with both healthy development and medical care of children. It is the most interdisciplinary of specialties with care often provided by the geriatrician as a member of a team. Geriatrics is concerned with preventing diseases and disabilities that cause pain, suffering, and dependency in old age. Geriatricians are trained in the diagnosis and management of problems commonly seen in older patients: Subtle and atypical presentations of disease; multiple or complex problems; psychiatric and psychosocial problems among elders and their families; pharmacology and psychopharmacology; urologic and gynecologic problems; and rehabilitative and restorative problems. Geriatricians can work as primary care physicians or as specialty consultants. In keeping with its interdisciplinary nature, geriatrics is currently the only specialty in which a primary residency in either internal medicine or

family practice is acceptable as a prerequisite for entering an accredited fellowship program.

At JABSOM, the Geriatric Medicine Program began in 1984 as a school-wide program. It operates the Geriatric Education Center (GEC) at Kuakini Medical Center which provides continuing education programs, individualized training, and technical assistance for health professionals and graduate students from many different disciplines. The GEC also operates the Geriatric and Family Consultation Services (GFCS) providing comprehensive geriatric assessment and management while providing training opportunities for fellows, residents and students. The GECs region includes Hawaii and the Pacific, and thus is involved with a number of Neighbor Island and Pacific-based activities.

In the Department of Medicine, the GMP staffs the Division of Geriatric Medicine which provides one-month rotations in geriatrics for all internal medicine residents and two-year fellowships in geriatric medicine leading to certification in the specialty. First-year fellows rotate though the GFCS, the Teaching Nursing Home (TNH) program based at Kuakini, and the VA and Kaiser Geriatrics Programs. Second-year fellows are primarily involved in aging research, electives and inpatient consults. Fellows also take on a panel of geriatric patients whom they follow for the entire two-year fellowship. Fellows and residents see older patients in a variety of settings, including the hospital, outpatient clinic, nursing home, and the home. The fellowship program began in 1986 and to date it has graduated 18 new geriatricians with six fellows currently in training. The program now accepts four new fellows each year. For medical students, the faculty in geriatrics is involved with several units and serve as tutors, advisers, and clinical preceptors. The geriatrics faculty are assisting with operation and further development of the new Fellowship in general internal medicine.

Research in aging is also a major activity of the geriatrics program. Currently, there are several funded studies: Aging and Dementia in the Honolulu Heart Program; the Women's Health Initiative; The Diamond Head Macadamia Nut Nutrition Project, and several clinical trials for patients with Alzheimer's disease. The clinical trials provide Alzheimer's patients access to promising new medications not yet available on the market. The faculty is community-minded and frequently is tapped as guest speakers, committee members, and consultants to community agencies.

In short, geriatric education is strong and growing. At its core is a resolve to improve the lives of older people and their families in Hawaii.